

From :

Rtd -----

Contact No -----

To:

The Chief Executive Officer
Zilla Parishad , Guntur

(Submitted Through Head Of Office)

Dt: --7-2026

Respected Sir

Subject : ZPPF- Request for Post Closure Payment Of Jan 2022 ZPPF Subscription -Reg

I, ----- Retired From Service Due To Superannuation Of Age On ----- I Received
ZPPF Closure Amount Without Calculating Monthly ZPPF Subscription Recovery made my Jan 2022 Salary
I Have come To Know that the above said Subscription is Adjusted To My ZPPF A/C No ----- Consequent
to Recovery Data Received From CFMS. In This Context It is Solicited To Take Necessary Further Action
For the Repayment Of Jan 2022 ZPPF Subscription Through ECS in the light of Details Furnished Below

Name & Post Held As on Date of Retirement :-----

ZPPF No :-----

CFMS Id :-----

Amount Received On ZPPF Closure :-----

Rate Of ZPPF Subscription Made in Jan 2022 :-----

Enclosure s (1). Form -40A In Two copies With Stamped Acquittance Under Proper Attestation By Head Of Office

(2)Attested Copy Of Bank Pass Book First Page (3) Jan 2022 Pay Slip&Schedule Signed ByDDO

Thanking You Sir

Signature of Claimant

Endorsement By Head Of Office

(Rc No-----Dt ----- Of -----)

Submitted To The Chief Executive Officer Guntur Duly Certifying The Information Furnished above
and also For Further Necessary Further Action In This Regard

Date: -----

Head Of Office

FORM - 40A

(See Instruction 4(i) to (iii) under Treasury Rules 17)

**BILL FOR WITHDRAWAL FROM GENERAL AND OTHER PROVIDENT FUNDS
ANNEXURE**DISTRICT : **GUNTUR**

SUB-ACCOUNT: _____ VOUCHER No. : _____ of _____ 20

STATE PROVIDENT FUND _____ PROVIDENT FUND _____ of _____ BRANCH

Bill for Withdrawing **Final Payment / Advance / Other** Withdrawals from the **Zilla Parishad
Provident Fund, Guntur** of Sri / Smt. _____

For the month of _____ / _____ in the Office of _____

- 1) Name & Designation of the Subscriber :: _____
- 2) Pay :: **Rs.** _____
- 3) Proceedings No. & Date of Sanctioning Authority. :: _____
- 4) Nature of withdrawn :: **RL / NRL / CLOSURE / OTHER**
- a) Details of Withdrawal :: _____
- b) Amount :: **Rs.** _____
- 5) **Acqittance** ✓
(Affix a Revenue Stamp & Sign Across) :: _____
// Attested By Head Of Office//
- 6) Remarks :: _____

Particulars of Amount Refunded:-

Sl. No.	Name of the Subscriber & Designation	ZPPF Account No.	Date of Drawl	Particulars of Amount Drawn(✓)	Amount Now Refund Rs.
				RL	
				NRL	
				CLOSURE	
				OTHER	

Station :

Deputy Chief Executive Officer,

Date :

Zilla Praja Parishad, Guntur

Passed for Rs. _____ /-(In Words Rupees _____ Only)

and PAY the same to Sri / Smt. _____

by way of CHEQUE / DD / ON-LINE ADJUSTMENT to the individuals Savings Bank
Account No. _____ at State Bank Of India, _____ Branch.// **ACCOUNT VERIFIED** //Accounts Officer,
Zilla Praja Parishad, GunturDeputy Chief Executive Officer,
Zilla Praja Parishad, Guntur

Contents Received _____

Signature of the messenger _____

CLOSURE

1. Certified that I have satisfied myself that all sums included in bills (Form No. 40-A) drawn on month / two months / three months Previous to this date in favour of Messer's _____ Account No. _____ with the exception of those detailed (of which the total has been refunded by deduction in this bill) have been disbursed to the proper persons and that their acquittances have been taken and filed in my Office with receipts stamp duly cancelled for every payment.
2. Certified that the balance in the funds at the credit of Sri / Smt. _____ on the date of withdrawn covers the sum drawn in this bill.
3. Certified that the amount asked from the bill as required to meet the yearly premium due on in respect of policy No. _____ with the _____ Company Limited. The policy / policies in question have been assigned to the Government of Andhra Pradesh and in the custody of the ZPP, GUNTUR. The details, of the policy / policies proposed to be taken has been communicated to and accepted by the Zilla Parishad in his letter No. _____, dated _____.

Sl. No.	Name of the Subscriber with Account No.	No. of the Policy	Name of the Company	Amount of Premium	Due Date of Premium	Stock Number

4. Certified that in respect of withdrawals made in bill (Form-40A) one month / two months / three months previous to the date towards payment of insurance premium the original premium receipt have been within one month of the date of withdrawal and forwarded to the ZPP, GUNTUR with the exception of those _____ for the scrutiny and the necessary endorsements have been made on the receipt to the effect that the no statement of income tax is admissible.
5. Certified that the number of policies from the GPF Dues not exceeds fours the number of policies financed from the GPF / exceeded four as these were accepted prior to 16.8.98.

Station :

Date :

Deputy Chief Executive Officer,
Zilla Praja Parishad, Guntur

FOR USE IN AUDIT OFFICE

Item _____ of _____

ADMITTED	:	Rs.
OBJECTION	:	Rs.
TOTAL	:	Rs.

Details of Objection, if any

ACCOUNTANT

District Audit Officer,
State Audit, Guntur

FORM - 40A

(See Instruction 4(i) to (iii) under Treasury Rules 17)

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ANNEXURE**DISTRICT : **GUNTUR**

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STATE PROVIDENT FUND _____ PROVIDENT FUND _____ of _____ BRANCH

Bill for Withdrawing **Final Payment / Advance / Other** Withdrawals from the **Zilla Parishad
Provident Fund, Guntur** of Sri / Smt. _____

For the month of _____ / _____ in the Office of _____

- 1) Name & Designation of the Subscriber :: _____
- 2) Pay :: **Rs.** _____
- 3) Proceedings No. & Date of Sanctioning Authority. :: _____
- 4) Nature of withdrawn :: **RL / NRL / CLOSURE / OTHER**
- a) Details of Withdrawal :: _____
- b) Amount :: **Rs.** _____
- 5) **Acquittance** ::
(Affix a Revenue Stamp & Sign Across)
- 6) Remarks :: _____
- (Attested by Head Of Office)

Particulars of Amount Refunded:-

Sl. No.	Name of the Subscriber & Designation	ZPPF Account No.	Date of Drawl	Particulars of Amount Drawn(√)	Amount Now Refund Rs.
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				NRL	
				CLOSURE	
				OTHER	

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Deputy Chief Executive Officer,

Date :

Zilla Praja Parishad, Guntur

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and PAY the same to Sri / Smt. _____

by way of CHEQUE / DD / ON-LINE ADJUSTMENT to the individuals Savings Bank
Account No. _____ at State Bank Of India, _____ Branch.// **ACCOUNT VERIFIED** //Accounts Officer,
Zilla Praja Parishad, GunturDeputy Chief Executive Officer,
Zilla Praja Parishad, Guntur

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Zilla Praja Parishad, Guntur

FOR USE IN AUDIT OFFICE

Item _____ of _____

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OBJECTION	:	Rs.
TOTAL	:	Rs.

Details of Objection, if any

ACCOUNTANT

District Audit Officer,
State Audit, Guntur